## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE 10-565, 186 APPLICANT(S) 01-20-06

## **CLAIMS**

	AS FILED		AFTER		AFTER	
				I"AMENDMENT		NDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	ļ		<u> </u>	<u> </u>		ļ
2	<b></b>			1		
3	ļ					ļ
5			<del></del>			
6						
7				-		
8						
9						
10						
11						
12			i			
13						
14					<b>  </b>	
15						
16 17						
18						
19					<del></del>	
20						
21						
22						
23						
24						
25						
26					<u> </u>	
27 28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
- 38-  -					·- ·	
39 - 40 -	<del></del>					
41			-			
42						
43						
44						
45						
46						
47						
48						
49						
50	<del></del>	<del></del> -		<del></del> +		
TAL IND.		₩		+		₩
TAL DEP.	•	+	7	<b>←</b> .		<b>(-</b>
TOTAL CLAIMS		8	9			

		AS FILED			TER INDMENT	AFTER 2 - AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53	_		ļ				
54	_		<u> </u>				
55			ļ				
56	-		ļ		<b> </b>		
57 58	-			<u> </u>			
59	-						
60	┪				<del> </del>		
61	┪				<u> </u>	<b></b>	
62	7						
63	7						
64	7					<del></del>	<del></del>
65	7						·
66	7						
67							
68							
69							
70	1						
71	_						
72	4						
73	4						
74	+						
75 76	+						
77	╁						
78	+						
79	╁						
80	+						
81	†						
82	T						
83	T						
84	T						
85	Ι						
86	I						
87							
88	1					· - ·   ·	0
89	1						···
90	Ł						
91	╀						
92 93	╁						
93	╁						
95	╁						
96	╁			<del></del>			
97	t						
98	╁					-	
99	1				1		
100	T						
TOTAL IND			₽		#		#
TOTAL DEP			<b>(-</b>		<b>←</b> [	•	<b> -</b>
TOTAL							3
CLAIMS	L	U.	S. DEPARTM	ENT of COM	MERCE		

Best Available Copy